

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M.G		11/1/99
O.I.P.E. CLASSIFIER		8	11-9-99
FORMALITY REVIEW	BH	602125	11-23-99

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
51	4/18
52	4/15
53	4/14
54	4/13
55	4/12
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58	4/9
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60	4/7
61	4/6
62	4/5
63	4/4
64	4/3
65	4/2
66	4/1
67	3/31
68	3/30
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92	3/6
93	3/5
94	3/4
95	3/3
96	3/2
97	3/1
98	2/28
99	2/27
100	2/26

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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